

APPLICATION FOR CASH SURRENDER VALUE  
GOVERNMENT LIFE INSURANCE

PRIVACY ACT INFORMATION - No cash surrender may be made unless a completed application has been received (38 U.S.C. 1906 and 1944; 38 CFR 6.115, 6.116, 6.117, and 8.27). The information provided on a voluntary basis will be used by VA employees and your authorized representatives in the maintenance of Government insurance programs. Responses may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 36VA00, Veterans and Armed Forces Personnel U.S. Government Life Insurance Records - VA, published in the Federal Register.

RESPONDENT BURDEN - Public reporting burden for this collection of information is estimated to average 1/6 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Clearance Officer (045A4), 810 Vermont Ave., NW, Washington, DC 20420. SEND COMMENTS ONLY, NOT THIS FORM OR REQUESTS FOR BENEFITS TO THIS ADDRESS.

1. FIRST - MIDDLE - LAST NAME OF INSURED (Type or print)		2. INSURANCE FILE NUMBER (Include letter prefix)	
3A. ADDRESS TO WHICH CHECK IS TO BE MAILED (Number and street or rural route, city or P.O., State and ZIP Code)		3B. IS THIS A NEW ADDRESS?  <input type="checkbox"/> YES <input type="checkbox"/> NO	
4. POLICY NUMBER (Include letter prefix)		5. SOCIAL SECURITY NUMBER	
6. DAYTIME PHONE NUMBER (Include Area Code)  (       )		7. AMOUNT OF POLICY  \$	
8. I HEREBY SURRENDER MY (Check appropriate block)  <input type="checkbox"/> BASIC INSURANCE POLICY <input type="checkbox"/> PAID UP ADDITIONS ONLY <input type="checkbox"/> BASIC INSURANCE POLICY AND PAID UP ADDITIONS			
9. FUTURE DIVIDEND OPTION (To be completed when surrendering Paid-Up Additions only) <input type="checkbox"/> PAY TO ME IN CASH <input type="checkbox"/> APPLY TO PAY PREMIUMS IN ADVANCE <input type="checkbox"/> HOLD ON DIVIDEND CREDIT <input type="checkbox"/> APPLY TO PAY INDEBTEDNESS <input type="checkbox"/> APPLY TO BUY PAID ADDITIONS <input type="checkbox"/> HOLD ON DIVIDEND DEPOSIT <input type="checkbox"/> NETCASH <input type="checkbox"/> NETLOLI <input type="checkbox"/> NETPUA			
NET OPTIONS - Dividend pays annual premium and remainder is used to reduce loan (NETLOLI), buy additional insurance (NETPUA) or refunded to veteran (NETCASH)			
I hereby surrender all my right, title, and interest in the basic insurance policy and/or paid up additions represented by the policy number shown in Item 4 for the purpose of obtaining the cash surrender value.			
10. FULL SIGNATURE OF THE INSURED (DO NOT PRINT)		11. DATE SIGNED	

IMPORTANT - After this form has been completed and signed, it should be returned to the office which maintains your records.

Department of Veterans Affairs Regional Office and Insurance Center P.O. Box 7327 Philadelphia, PA 19101	Department of Veterans Affairs Regional Office and Insurance Center Bishop Henry Whipple Federal Building Fort Snelling St. Paul, MN 55111
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QUESTIONS ABOUT YOUR INSURANCE? CALL US TOLL FREE AT  
1-800-669-8477.

PLEASE DO NOT RETURN YOUR POLICY WITH EITHER APPLICATION.